

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-04-1727

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10405

FILED OCT 24 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>60 yrs</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>		c. CITY OR TOWN <u>Pine Lawn</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>4336 Ravenwood</u>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>LICAVOLI</u> Last <u>LICAVOLI</u>						4. DATE OF DEATH Month <u>10</u> Day <u>17</u> Year <u>1963</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-25-1882</u>		9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Bricklayer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>labor</u>		11. BIRTHPLACE (City and state or country) <u>Palermo Italy</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		IF UNDER 24 HR Hours Min.			
13a. FATHER'S NAME <u>Graziano Licavoli</u>				13b. MOTHER'S MAIDEN NAME <u>Anna (LINK)</u>				14. NAME OF HUSBAND OR WIFE <u>Marianna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. ADDRESS <u>Anna Garofalo 3012 Heatherly 21</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE Pulmonary Edema</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>4200</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NONE</u>							
20c. TIME OF INJURY Hour <u>6:10</u> a.m. <u>PM</u> Month, Day, Year <u>10-15-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>10-15-63</u> to <u>10-17-63</u> and last saw him alive on <u>10-17-63 (6 PM)</u> Death occurred at <u>6:10 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Bernard T. Swaghey, MD</u>						22b. ADDRESS <u>45670 Laclede St. Louis 8, Mo</u>			22c. DATE SIGNED <u>10-18-63</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 21 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Mo</u>		(State)			
24. FUNERAL DIRECTOR <u>Miceli 1150 N. Kingshighway</u>				25. DATE RECD. BY LOCAL REG. <u>OCT 19 1963</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Anthony J. Muel

Licensed Embalmer No. _____

4227

P. O. Address _____

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.